

KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360
Frankfort, KY 40602
(502) 564-3296

<http://finance.ky.gov/bmt>

FOR OFFICE USE ONLY

SS#: _____

DATE: _____

Amount: \$ _____

Action: _____

APPLICATION FOR RENEWAL OF LICENSE AS A MASSAGE THERAPIST

[] Check here if name or address has changed from above. No changes will be made unless marked here.

KRS 309.357(3) requires that a massage therapy license be renewed biennially. Your current license will expire _____. Failure to renew your license shall constitute sufficient cause for termination of licensure.

Licenses not renewed by their expiration date are not valid and you are hereby advised at such time you must CEASE AND DESIST the practice of massage therapy in Kentucky. You may now renew on-line at <http://finance.ky.gov/bmt>.

FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS:

- Complete this form by filling in the information requested below. Incomplete forms **will be** returned.
- Attach the appropriate renewal fee: Forms received without the appropriate fee **will be** returned. **Make check or money order payable to the Kentucky State Treasurer. DO NOT SEND CASH.**
 - Renewals received by the board on or before renewal date: Active - \$100; Inactive - \$35
 - Renewals received by the board after the renewal date, up to 60 days late: Active - \$150, Inactive - \$52.50
 - Renewals received by the board between 61 days and 2 years after the renewal date: Active - \$200, Inactive - \$70
- Complete the backside of this renewal application for continuing education credit. Each massage therapist must list 24 hours of continuing education obtained during the current licensing period, which may include up to 12 hours carried over from the previous licensing period that were above the 24 hours required for that period. The board will require documentation of obtained continuing education hours if you are audited. DO NOT attach documentation of continuing education unless you are requested to do so. **We cannot accept hours that have not been earned. You must wait to file your renewal until all requirements are met.**
- Return this form with your check or money order to the address listed above to be received by the board on or before the renewal date. **Any form, which is returned due to incomplete or incorrect information, will be subject to late penalties if not returned by the deadlines stated above.**

TO BE COMPLETED BY ALL LICENSEES, Incomplete forms will be returned: (Please Print)

Name _____ Social Security # _____ License # _____

Home Address:

Street or Box number _____ City _____ State _____ Zip Code _____ County _____

Present Business Address:

Name of Company _____ Street or Box Number _____ City _____ State _____ Zip Code _____

Home Phone: _____ Business Phone: _____ E-mail: _____

Have you been charged with, convicted of or pled guilty to any felony or misdemeanor since your last renewal of this Kentucky license?

[] Yes (attach documentation)

[] No

Have you had disciplinary action taken against you or pending against your massage therapy license in any state or jurisdiction since your last renewal of your Kentucky massage therapy license?

[] Yes (attach documentation including a certified copy of the final disciplinary action taken against you.)

[] No

Have you had disciplinary action taken against you or pending against you by the NCBTMB or other national certifying body or professional association since your last renewal of your Kentucky massage therapy license?

[] Yes (attach documentation including a certified copy of the final disciplinary action against you.)

[] No

The backside of this application MUST be completed. Incomplete applications WILL be returned.

Each licensee shall obtain a minimum of 24 hours of continuing education during the biennial renewal period. All hours shall be in or related to the field of massage therapy. Each massage therapist is responsible for securing documentation to support proof of attendance.

List below the hours of continuing education obtained within the two years preceding your current renewal date, INCLUDING COMPLETE DATE AND HOURS OBTAINED. Incomplete forms will be returned. (DO NOT attach documentation unless you are audited. It is your responsibility to maintain all documentation.) If using hours carried over from the previous licensing period, you must list the course name, date, and number of hours being carried over. It is your responsibility to maintain documentation for two (2) years from the date of your renewal.

Course Name (Required)	Date(s) M/D/Y (Required)	Hours Earned (24 Required)
Ethics Course (3 hours required):		

Total CE hours earned in renewal period = _____

Total CE hours earned during lapsed period = _____

Total CE hours carried over from previous renewal period (maximum of twelve hours) = _____

Please mark the appropriate box:

☐ Requesting to return to an active status from an inactive status. **(Fee required. Continuing Education must be listed above.)**

☐ Remaining on active status. **(Fee required. Continuing Education must be listed above.)**

☐ Currently on inactive status. **(Fee required. No Continuing Education required.)**

☐ Requesting an inactive status. **(Fee required. No Continuing Education required.)** (By applying for inactive status, the applicant states that they have read and understand the following: As of the date you apply for inactive status you shall not use the terms or initials "licensed massage therapist" or "LMT", nor engage in the practice of massage therapy. You must reactivate your license before doing either of the above. If your license is inactive for more than five (5) years, you will be required to reapply for licensure under the requirements of KRS 309.358(2).)

☐ Requesting termination. **(No fee required. No Continuing Education required.)**

I hereby certify that all information provided by me on this form is true and complete to the best of my knowledge.

(Signature is required. Forms not signed will be returned and subject to late penalties if not returned by the deadlines stated.)

Signature:_____ **Date:**_____